Social Membership Application



1.	Name						
		LAST	MIDDLE		FIRST		
2.	Home Address						
		NUMBER	STREET	CITY	STATE	ZIP	
3.	Home Phone_		Birth Date	Email			
4.	Married Yes_ Number of Chi	Married Yes No Significant Other Name Number of Children					
5.	Employer		Position		Cell Phone		
	Have you ever been a member of this or any other boat club? Yes No If yes what was the name of the club? Did you leave as a member in good standing ?						
	Do you have any special talents we should know about ?						
	The undersigned makes application for social membership, and upon admission agrees to adhere to all by- laws, rules and regulations. It being further understood that individual social members may have their membership revoked by majority vote of the board if their conduct does not comply with the rules and regulations of the club. The decision of the board will be final and not subject to appeal.						
	I the undersigned hereby acknowledge receipt of the by-laws of Detroit Beach Boat Club and understand the same. In consideration of the benefits I receive as a member of Detroit Beach Boat Club I further acknowledge and agree to fulfill, my obligations to complete 5 or 10 work hours dependent on the choice indicated below. I further understand and agree that if these obligations are not satisfied by the end of each fiscal year of membership, that the remaining indebtedness due based on the hours accrued and monies expended shall become an immediate obligation that I shall owe forthwith to the Detroit Beach Boat Club. This liability may not be waived except by the board approval. Detroit Beach Boat Club may pursue all lawful remedies to secure same.						
	WITNESS SIGNED DATE The board will review the continuation of social memberships each September. If the board votes to discontinue the social membership program, those who presently hold social membership status, shall have until the end of the calendar year to apply for full membership to the club, and may do so with payment of the initiation fee, if accepted to general membership.						
	SPONSORED BY						
	I have known this candidate for years and agree to be responsible for the above applicant if selected for membership for a one year probation period.						
	SPONSOR'S NAM			DA	TE	_	
		LAST	MIDDLE	FIRST			
			DICATE CHOICE BE	LOW			
		•	ues/5 work hours				
			partner/significant other	er of the Roster Me	mber residing in the	e same	
	household) \$125 dues/10 work hours						
			FOR OFFICE	USE ONLY			
	Date Submitted to	POS	Date approved MemCa				
	K eycard	HAI	irs Sheet - Rir	inaavs			